L19000161470

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COVER LETTER

Registration Section
Division of Corporations

O:

	lossoms LLC				
UBJECT:	Name of Lim	ited Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
lease return all correspo	ndence concerning this matter	to the following:			
	Daiana Castro				
		Name of Person			
	Meadow Blossoms LLC				
		Firm/Company			
	9379 NW 24th Place				
		Address			
	Pembroke Pines, FL 3302	1			
		City/State and Zip Code			
	meadowblossoms36@gmai	l.com			
	E-mail address: (to be used for future annual report not	ification)		
or further information c	oncerning this matter, please c	all:			
Daiana Castro		954 907-6552 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
	-		E- 0<0.00 EV		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 		
Mailing Addres		Street Address:			
Registration S		Registration Se			
Division of C P.O. Box 632	•	Division of Cor The Centre of T			
Tallahassee, I			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meadow Blossoms LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on June 19,2019 lorida document number ____L19000161470 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing a<u>ddress MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager | MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
			□Remove
			□Change
			□ Remove
		□Ch	□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

Please change Daiana Castro fro	om P to AMBR. Thank you,		
	· · · · · · · · · · · · · · · · · · ·		
			
		 -	
			
			
			· <u>···</u>
			
etive date, if other than the date frective date is listed, the date must be at lifthe date inserted in this blockment's effective date on the Department.	e specific and cannot be prior to date of the control of the contr	of filling of more than 90 days at	otional) ter filing.) Pursuant to 605.020 his date will not be listed a
ord specifies a delayed effective diffed.	ate, but not an effective time, at	2:01 a.m. on the earlier of:	(b) The 90th day after the
September 4	2020		
	~ N ~ 1		
	Day (1)		
Si	gnature of a member or authorized re	presentative of a member	

Filing Fee: \$25.00